

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/885288	FILING DATE 9/14/04				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1		1								
2			1									
3			1									
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21			1									
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TOTAL IND.		6		10								
TOTAL DEP.		84		84								
TOTAL CLAIMS		90		90								

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							CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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38			1		1					
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40			1		1					
41			1		1					
42			1		1					
43			6		6					
44			6		6					
45										
46										
47										
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50										
TOTAL IND.			6		6					
TOTAL DEP.			84		109					
TOTAL CLAIMS			90		115					

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TOTAL IND.							
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TOTAL CLAIMS							